




KDHE Division of Health & Environmental Laboratories Forbes Field, Building 740, Topeka, KS 66620 CLIA #17DO648254 Phone (785) 296-1620 Fax (785) 296-1641										<h2 style="text-align: center;">Blood Lead Submission Form</h2>										<p>Fold back wrap around cover before collecting filter paper blood lead specimen.</p> <p>The blood spots must be covered to meet U.S. Postal requirements</p>  <p>DO NOT cover blood spots until completely dry.</p>																			
Submitter Facility ID										Patient's Medicaid Number										Collection Type <input type="radio"/> Cap. <input type="radio"/> Ven. <input type="radio"/> Fil.										<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> KDHE/DHEL Labs Attn: Clinical Lead Bldg. 740 Forbes Field Topeka, KS 66620 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Address Label</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 9924807 9924807 9924807 </div>									
Patient's Last Name										Patient's First Name																													
Patient's Address										Sex: <input type="radio"/> M <input type="radio"/> F																													
City										State										Zip																			
Birthdate: MM/DD/YYYY										Collection Date: MM/DD/YYYY										Ethnicity His/Lat <input type="radio"/> Non His/Lat <input type="radio"/>										<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Tube Label</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">For Lab Use Only</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 9924807 9924807 </div>									
Physician's Last Name										Race White <input type="radio"/> HN, PI <input type="radio"/> Black <input type="radio"/> AI, AN <input type="radio"/> Asian <input type="radio"/>																													



KDHE Division of Laboratories – Specimen Packaging and Shipping System Pictorial Guide Blood Lead (Filter Paper)

BLOOD LEAD COLLECTION FORM INSTRUCTIONS

1. This is a machine-readable form. **PRINT** lightly using dark ink. **DO NOT** use pencil. Photocopied forms are not acceptable.
2. This form may be used for collecting filter paper blood spots **OR** submitting whole blood specimens.
3. Complete all requested information and **PRINT** in capital letters. Errors letters and numbers are inside boxes.
4. Where circles are provided, fill in completely to indicate selection. ☐ Sex: M ☐ F ☐ O
5. Be sure to fill in the Facility ID with the unique number assigned to your facility by DHEL. This number is the only identification of your facility on the form.
6. Locate Collection Type box and indicate the type of collection: Capillary, Venous, or Filter paper. Please fill in only one circle.

Filter Paper Blood Collection:

1. Collect specimens as indicated on filter paper coverlet.
2. Place collection form in a standard envelope and mail completed form to KDHE/DHEL. Labs using address label provided on the front of the form.

Whole Blood Specimen Collection:

1. Collect whole blood specimen using an approved EDTA Microtainer or Vacutainer tube.
2. Attach the pre-labeled tube label from the front of the form to whole blood microtainer or vacutainer tube.
3. Mail the form and labeled specimen tube to KDHE/DHEL. Labs using the address label provided on front of the form.

Please read Blood Collection Instructions on back of form.

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If collecting a whole blood specimen, place the barcode label designated tube label on the blood sample.

KDHE Division of Health & Environmental Laboratories
Forbes Field, Building 106, Topeka, KS 66608
CLIA #17DO648254
Phone (785) 296-1620

Submitter Facility ID

Complete the Submitter Facility ID.

A #17DO648254
5-1620 Fax (785) 296-1641

Subm

Patient's Medicaid Number

Must be completed if the patient has a Medicaid Number.

Submission Form

Cap. ☐ Ven. ☐ Fil. ☐

Collection Type

Complete the Collection Type. Cap or Ven for whole blood specimens and Fil for filter paper screenings.

Blood Lead Submission Form

Submitter Facility ID Patient's Medicaid Number Collection Type

Patient's Last Name Patient's First Name

Patient's Address

City State Zip

Birthdate MM/DD/YYYY Collection Date MM/DD/YYYY

Physician's Last Name

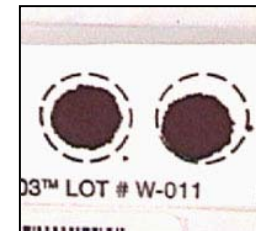
Sex: M ☐ F ☐ O ☐

Race: White ☐ Black ☐ Asian ☐ Other ☐

Ethnicity: Hispanic ☐ Non-Hispanic ☐

DO NOT cover blood spots until completely dry.

Complete the Patient's last name, first name, address, city, state, zip, birth date, collection date, physician's last name, race, sex, and ethnicity.



Collect Specimen and allow spots to dry for a minimum of 2 hours.



After the blood spots dry, make sure the coverlet covers the blood spots.

Note: Blood spots must be at least the size of a ¼ inch standard hole punch.



Place the form into a leakproof and breathable envelope; **filter papers with blood spots should NOT be placed in plastic or zip lock bags.** Place the return address label (located on the form) on the front of the envelope and complete return address.

- Please write clearly and neatly.
- Mark all applicable areas completely.
- If you do not know your facility ID, call the Lab at: (785) 296-1620.
- Blood Lead Forms checked out by your facility may only be used by your facility. Please do not share with other facilities.